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Patrick M. Griffin, Esq. Delphi Technologies, Inc. Mail Code 480410202 P.O. Box 5052				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
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FC:1501 1370.00 DA FC:1504 300.00 DA				1D-13-DY (Date)		
[C:890 LICATION NO. 00	:8001 LICATION NO. 00 DA FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/765,376 01/27/2004			Charles W. Braun		89190.123703/DP-310949	1584
TITLE OF INVENTION: A	NTI-ROTATION FUEL IN	JECTOR CLIP				
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional NO \$1		\$300		\$1630	12/28/2004
EXAMINER		ART UNIT		CLASS-SUBCL ASS]	
MOULIS, THOMAS N		3747		123-470000		
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless records in a seet forth in	Correspondence ation form e of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.				
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
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Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are	enclosed:	4b	. Payment of Fee(s):			
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Advance Order - # of		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Status a. Applicant claims Sl	(from status indicated above	,	☐ b. Applicant is r	o longer claiming SMA	LL ENTITY status. See 37 C	. , ,
	is requested to apply the Issupplication Fee (if required)	ue Fee and Publicat	tion Fee (if any) or to	o re-apply any previous than the applicant; a reg	ly paid issue fee to the application istered attorney or agent; or the	ation identified above.
Authorized Signature	Susa 6	rol	Date	0-13-04		
Typed or printed name Susan Grisham Registration No						
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